

DASH FOR DONUTS JK
DONUT OVERDO IT

Saturday, March 14





Dash for Donuts 1k

Why a 1k you ask? Because why overdo it???

If you have ever wanted to do a fun run/walk but a 5k was just too darn long, this event is for you! This fun/silly event is perfect for families, weekend warriors, and the below average athlete in all of us!

DATE AND LOCATION

Saturday, March 14, 9:00am at MacLean Park

REGISTRATION DATES

Register September 1 – Race Day

Race Day Registration will begin at 8:00am at MacLean Park

REGISTRATION FEES

13 Years and Older:

\$20 Advance Registration

\$25 Race Day Registration

12 Years and Younger:

\$10 Anytime Registration

FORMS OF REGISTRATION

- Register in person at the Lake Jackson Recreation Center
- Register online at **thedriven.net/dashfordonuts**
- Register on Race Day at MacLean Park
- Entry forms may be completed and mailed to:
The Recreation Center
Attn: Dash for Donuts 1k
91 Lake Road
Lake Jackson, TX 77566

METHODS OF PAYMENT

Visa, Discover, MasterCard, Cash, and Checks accepted

Checks should be made payable to CITY OF LAKE JACKSON

PACKET PICK-UP

March 12 - 13, at the Lake Jackson Recreation Center, 5:45am – 9:00pm

Race Day at MacLean Park 8:00am – 8:30am

COSTUME CONTEST

Runners are encouraged to dress up; awards will be given for the best individual, couple, and family costumes!

Winners will be announced after the run.

TAKE-AWAYS

Shirts will be given to each participant. **PREFERRED SIZES NOT GUARANTEED IF REGISTER AFTER FEBRUARY 24**

Donut Stations will be along the route every 250 meters!

RACE DAY SCHEDULE

8:00 - 8:30am Registration at MacLean Small Pavilion

9:00am 1K Fun Run Start at MacLean Park

*Costume Contest winners will be announced after the run

Pay it Forward!

Bring non-perishable food items to donate to The Brazoria County Dream Center and help your neighbors in need!



Dash for Donuts 1k

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Birthdate: _____ Age on 3-14-20 _____ **Male** _____ or **Female** _____

Emergency Contact: _____ Phone: _____

Please circle your shirt size:

Adult Shirt Size **S** **M** **L** **XL** **XXL** Youth Shirt Size **S** **M** **L**

Please check one:

13 years and older : Early entry -- \$20 _____ 13 years and older : Race day entry -- \$25 _____

12 years and younger : Early entry -- \$10 _____ 12 years and younger : Race day entry -- \$10 _____

Incomplete registration forms will exclude participant from competing.

PHOTOGRAPHY

I understand that City of Lake Jackson employees often take photographs of various community and/or athletic events throughout the community. I hereby grant the City of Lake Jackson permission to use my likeness or, if I am the parent or legal guardian of a minor child who is younger than 18 years of age, I give permission to use the minor's likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to the City of Lake Jackson to share this image with third parties for use in any and all of its publications, including website entries, without payment or other consideration.

REFUND/CANCELLATION POLICY

Once event registration has been completed, it is considered final. No refunds will be given for this event.

The Lake Jackson Recreation Center reserves the right to cancel events due to insufficient registration, inclement weather, or other circumstances which would make the event non-viable. In this case, participants will be notified by email or phone of the cancellation and a full refund may be given.

CONSENT TO PARTICIPATE AND HOLD HARMLESS

I understand and agree to indemnify, save and hold harmless the City of Lake Jackson, its agents and employees, from and against all claims, damages, losses and expenses (including attorney's fees, medical, and ambulance cost) that may arise out of my child's use of or presence on city property or arising out his or her participation in any activities or functions that may occur during the program, including contact with persons, animals or creations of nature of any and every kind that exist on property that may or may not be under the control of the City of Lake Jackson. In case of an emergency and I cannot be contacted, then I hereby authorize medical treatment.

By signing below, you are affirming you have read, understand and agree to comply with the terms and conditions of this agreement.

Signature (Parent or Guardian if under 18)

Date

FOR OFFICE USE ONLY

Employee Signature: _____ Date: _____ Receipt _____

Payment: Cash _____ Check Number _____ Credit Card: Visa MC Discover **CC AUTH** _____